

2017 Strategic Plan Quarterly Update

Quarter 2: April – June

WCMS is committed to engaging with key partners across the community in our work. We interviewed over 70 partners throughout 2016 to provide input on our Strategic Plan, and will now be sharing quarterly updates on our progress.

Our Mission:

WCMS Association is the physicians' voice advocating for the health of the physician, the patient, and the community, through strengthening the physician-patient relationship.

WCMS Foundation is the physician and community-led charitable arm of the medical society improving access to quality healthcare, decreasing disparities in health, and promoting health & wellness.

Our Key Strategic Partners:

Physicians (Independent & Employed), Physician Assistants, Residents/Students, Health System Leaders, Practice Administrators, Community Leaders, Sponsors/Businesses, Donors/Funders, Patients, Staff/Contractors

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Metrics for Three Core Areas of WCMS:

1. Membership

- During the second quarter of 2017, 20 lapsed members renewed their memberships. This brings us to 94% of our **budget goal** for member retention.
- During the second quarter of 2017, 6 new members joined. This was a result of a recruitment email focused on advocacy (the first of 3 in a planned series). This brings us to 68% of our **budget goal** for recruitment. 37 more new members are needed by October 1 to meet our budget goal in this area.

2. Project Access®

- Project Access® served 1,492 patients in the second quarter, as compared to 1,168 patients served in the second quarter of 2016. This is a 27% increase in patients served. Project Access® had 534 new enrollments during the second quarter.

3. WCMS Interpreter Network (WIN)

- From April - June, WIN had 1923 appointments, up 29% from the same quarter in 2016.

Strategy 1: Address the growing trends of physician/provider burnout and diminishing joy in the practice of medicine by strengthening peer to peer relationships and providing physician/provider support systems

1. Develop, and implement Physician/Provider Wellness Program (The Healthy Healer [HHP]) to include coaching, counseling, on-line resources, advocacy for policy change, all as resources allow

- We officially have all of our signed memoranda of understanding from the participating HHP therapists and coaches. The [Healthy Healer webpage](#) is now live on the WCMS website and the [information sheets describing our therapists and coaches are available to view](#). We are ready to announce the launch of the program. We produced [a flyer](#) to send out for manual distribution in the mailrooms and doctor's lounges of hospitals, clinics and practices. We plan to officially launch the Healthy Healer Program in July. We have started a small [resource library](#) on the Healthy Healer webpage, as well, and plan to add to this over time. Currently, the page includes articles from our members, articles focused on the physician family, and strategies to help combat burnout.
- Our third annual HHP Burnout Prevention Retreat is officially scheduled for November 4th at Montreat. Our speaker this year will be [Rebecca Sotile Fallon of the Sotile Center for Resilience](#). The title of Rebecca's workshop is *Medicine and Family: New Challenges; New Solutions*. and will focus on relational health, work-life balance, techniques for improved team collaboration and understanding work culture. Details are still coming together and we will begin the CME application process shortly.
- WCMS continues to serve on the [North Carolina Consortium for Physician Resilience and Retention](#). We are also members of the [Coalition for Physician Well-Being](#).

- 2. Continue Affinity Groups as appropriate for membership and further the development of each with guidance from Physician/Provider Champions and input from group members**
 - The Emeritus Group held its second luncheon of the year. It was attended by 18 retired physician members. The speaker was WCMS member Dr. Jennie Mullendore, Medical Director of Buncombe County, who gave a presentation on preconception health & infant mortality.
- 3. Implement third burnout-prevention workshop/retreat.**
 - In April, eleven members attended our Healthy Healer program, *Mindfulness in Medicine*, a weekend long retreat focused on mindfulness, resilience, narrative medicine, and appreciative inquiry, facilitated by local therapist Scott MacGregor and his colleague Dr. Dael Waxman. It was very well received and attendees earned 13 hours of CME. More details [here](#).
- 4. Continue researching and promoting innovative local practices to membership.**
 - We interviewed Dr. Jeremiah Mason, a surgeon in independent practice at Surgical Specialists of Carolina. The article can be viewed [here](#).
 - We also interviewed Dr. Scott Donaldson and Dr. David Ellis of Pardee Hospital regarding innovative opioid prescribing processes. The article can be viewed [here](#).
- 5. Identify/enhance & promote technology (e.g., website, listserve, text, social media) to help physicians/providers and families with peer to peer communications.**
 - Currently on hold due to other priorities.

Strategy 2: Provide physician/provider leadership opportunities

- 1. Collaborate with NCMS' Leadership College by identifying potential participants locally for NCMS, and supporting the work the participants do through the College**
 - Miriam Schwarz, along with medical student Anne Cotter and Drs. Richard Bunio (Cherokee Indian Hospital) and MaryShell Zaffino (Blue Ridge Community Health Services) are participating in the 2017 NCMS Leadership College. [The NCMS Leadership College Program](#) "builds and enhances physician and PA leadership skills and equips graduates to become more influential in motivating and inspiring their peers to be leaders in their medical settings and their communities." Dr. Bunio, Anne and Miriam are carrying out their 2017 leadership project as a team, with great help from Eric Christian at Community Care of Western North Carolina. The project involves collecting data about physician attitudes and practices related to opioid prescribing and pain management. In May, we sent out a short survey to WCMS membership; 144 physicians and physician assistants responded to the survey. Both quantitative and qualitative data are being analyzed and we will share the results with membership in the next few months.
- 2. Offer local leadership opportunities to young and/or up-and-coming physician and provider leaders, such as leading the planning/execution of aspects of WCMS' strategic plan, championing an affinity group, and serving on one of our boards or committees.**
 - We have engaged dozens of young leaders in WCMS to help us carry out various components of our strategic plan. Here are a few examples:

- * Dr. Will McLean (WCMS Association Board) is representing WCMS physicians on one of Vaya's regional opioid abuse sub-committees, Medication Assisted Treatment.
- * Residents are represented on the WCMS Association Board of Directors by Katelynn Graeme, MD.
- * Physician Assistants are represented on the WCMS Association Board of Directors by David Sams, PA-C.
- * Medical students are represented on the WCMS Foundation Board of Directors by Brad Thompson.

Strategy 3: Serve as a clearing house for important local, state and national health care trends to guide physicians and providers in making sound, data-based professional decisions and to enhance their practice of medicine.

- Our [Vital Signs e-Newsletter](#) continues to see steady open rates around 30-35%. This weekly publication features events, educational opportunities, local, state, and national news which pertains to the healthcare field, as well as a special interest section and physician wellness section. It will soon have a new, more mobile friendly look as we shift into using new software.
- [Our Affinity Groups](#) are another way that we share information with our members. Please see Strategy 1 pt. 2 for more detail on recent Affinity Group meeting topics.
- Social Media is used daily to share pertinent information in between the weekly Vital Signs. We utilize [Facebook](#), [Twitter](#), and [Linked In](#). We also have a [YouTube channel](#). Our [website](#) is updated almost daily with breaking news. There have been several important legislative alerts posted such as these:
 - * June 27 [The AMA Strongly Opposes the Senate's Health-reform Proposal](#)
 - * May 4 [Tell Your Legislator That You Oppose S629 – Health Care Services Billing Transparency](#)
 - * April 28 [Grassroots Advocacy Forum : Tell Congress to vote NO on AHCA](#)
 - * April 26 [WCMS Issues Action Alert on SB 629](#) (Balance Billing for Out-of-Network Providers)
 - * April 25 [WCMS Executive Committee of the Board Votes to Support HB 662](#) ('Carolina Cares,' expanding access to care)

Strategy 4: Engage physicians/providers across the region in Legislative advocacy

Legislative Priorities:

- a) Patient and provider protections in new Medicaid Reform law
 - b) Medicaid expansion
 - c) Mental Health Access
 - d) Keeping legislation out of the exam room
 - e) Scope of Practice
1. **Continue in-person visits to legislators with local physicians and providers, both in WNC between sessions and in Raleigh during sessions (e.g., White Coat Wednesdays).**
 - On April 7, Senator Terry Van Duyn met with WCMS CEO Miriam Schwarz and Board member/Treasurer Dr. Mark McNeill (Trillium Family Medicine).

- On May 5, Representative Dobson met with WCMS CEO Miriam Schwarz and Board member Dr. Maureen Ben-Davies (McDowell Pediatric Associates).
- On June 15, 10 WCMS members attended a “Legislative Update” with NCMS lobbyist Chip Baggett. Chip updated the group on topics such as the STOP Act, the current status of SB 629, Balance Billing for Out-of-Network Providers, and informed the group about HB 403, Behavioral Health and Medicaid Modifications.

Strategy 5: Support efforts to address public health crises as they arise and work to prevent them

1. Opioid Addiction

- Adopt and commit to the CDC guidelines: The Association Board of Directors voted in the 2nd quarter of 2016 to adopt and encourage membership to commit to the CDC guidelines for opioid prescribing. Since then, CEO Miriam Schwarz and Association Board member Dr. Blake Fagan (MAHEC Family Medicine) have written a series of articles for the general public describing the opioid crisis problem, how the community has responded, and what to expect when visiting the doctor in the future.
 - Article 1 - [“Lessons of the opioid addiction epidemic”](#)
 - Article 2 – [“Providers and the community response to opioids”](#)
 - Article 3 – [“How opioid crisis affects our health care”](#)
- Advocate for effective policies/regulations locally and in Raleigh: The WCMS Board of Directors issued a [statement of support \(with some modifications\) for the NC STOP Act](#). The Foundation Board of Directors approved removing opioids from coverage by Project Access® with the exception of physician-approved requests for patients with terminal illness. Project Access® patients will need to pay out-of-pocket for most opioid prescriptions moving forward. Project Access® leadership is now working to bring into the Project Access® network referral alternatives for physicians to manage their patients’ pain, as appropriate, such as mental health and substance abuse counseling, physical therapy, acupuncture, chiropractic, yoga, and massage therapy.
- Support and connect local/regional efforts to prevent abuse: WCMS continues to be at the table with the Buncombe County Safety Net Steering Committee to engage in a comprehensive plan to address opioid addiction. WCMS also joined the WNC Substance Use Regional Alliance Medication Assisted Treatment Workgroup.
- Promote educational resources for prescribing health care practitioners: WCMS promotes all educational resources that are shared with our organization; for example, we promote forums hosted locally by CCWNC and MAHEC on a regular basis, as well as opportunities for [on-line education through NCMS and MAHEC](#).

Strategy 6: Improve access to care for medically vulnerable populations in WNC

- 1. Collaborate with our funders and other community partners to continuously redesign Buncombe Project Access® (PA) to address the changing needs of medically vulnerable populations:**
 - **Explore opportunities to add dental care into the PA network**

- Project Access® is continuing a small dental access pilot with two dental practices. One of our dental providers placed a temporary hold on PA referrals as their dental office is undergoing renovations.
 - **Continue focusing on areas that address social determinants of health, as well as more primary care homes, mental health, navigational services, and specialty care.**
 - Due to funding/staffing constraints, the Health Access Counselor (HAC) team has not been able to fully integrate screening and referral for social determinants of health. Depending on funding and staffing, HACs plan on developing a streamlined process of screening patients for a focused set of social determinants of health (such as transportation, housing, food, and employment) in the latter part of the third quarter.
 - **Expand Project Access® into rural counties where there are federally qualified community health centers and free clinics in need of wraparound services such as screening and prevention, primary care, specialty care, medication assistance, navigational services, interpreter services, labs, imaging, physical therapy, social determinants, and more (e.g., focus on Madison, McDowell, Jackson, Macon, Henderson etc. where opportunities currently exist.)**
 - Although WCMS Foundation did not receive the Sisters of Mercy grant that would have funded medications, transportation, and other essential goods and services for expansion into rural counties, Project Access® will expand into Madison and McDowell counties later this year and will provide as available core services such as screening and prevention, specialty care, hospital care, interpreter services, labs, imaging, physical therapy, and more.
 - Appalachian Mountain Community Health Centers did not receive the Kate B. Reynolds grant that would have allowed an expansion of Project Access® into Jackson, Macon, Graham, and Cherokee counties. Without funding, expansion into those counties will not be possible at this time.
 - **Work with pharmacies to determine how to achieve medication cost savings.**
 - Project Access® is pleased to announce its new local Pharmacy Benefits Manager (PBM), Sona Benefits. By working with Sona, Project Access® will save money on prescriptions because Sona will manage costs in collaboration with Project Access®, and patients will have access to Sona’s clinical pharmacy team.
 - **Continue WCMSF involvement in CareShare at State level. (CareShare Health Alliance is an NC organization which helps communities coordinates care for underserved people through collaborative networks like Project Access®).**
 - CEO Miriam Schwarz continues to serve on the Board of Directors of CareShare and participate in Network meetings to share best practices.
2. **Employ Health Access Counselors (HACs) to provide ‘in-reach’ counseling to current PA patients to determine their eligibility for the Health Insurance Marketplace (HIM), outreach counseling about same to target populations throughout WNC (including but not limited to African American, Latino, LGBTQ, young adults, rural, persons with psychiatric illness), and counseling to general public.**

- Health Access Counselors educate Project Access® consumers who are interested in applying for health insurance. Education is also provided to consumers who have applied for health insurance via Health Insurance Marketplace. HACs are following up with consumers to make sure that their premiums are paid on time and to see if the consumer has any questions. There were no HIM appointments during the second quarter as this was a Special Enrollment Period (vs. Open Enrollment).

3. Investigate and apply for supplemental grants and other funding opportunities to fill the void of currently diminishing funding streams.

- Project Access® funding from the County was cut by 50% for this upcoming fiscal year. The remaining funds will be used largely to support direct services to patients, including medication assistance, interpreter services, and durable medical equipment. Staff, including Health Access Counselors, has been reduced temporarily until replacement funds are acquired.
- WCMS, in collaboration with Mission Health, was awarded a three year grant from The Duke Endowment to help with continuation funding of Project Access®. These funds will be used largely to sustain core staffing, support the Project Access® IT system, and expand Project Access® into Madison County.
- WCMS Foundation was invited to submit a grant to Bank of America’s Helen Powers Fund this quarter, which we did!
- WCMS Foundation was the recipient of an anonymous donation of just under \$7,000 to provide support for cancer patients in Project Access®. In collaboration with Sona Pharmacy, Project Access® is offering each eligible patient up to \$700 in medications, durable medical equipment, and over-the-counter supplements prescribed by the physician. If you are a physician who treats cancer patients and you have a Project Access® patient with a diagnosis of cancer, your patient may be eligible for this program. Contact Dianna@mywcms.org for more information.

Strategy 7: Reduce health disparities among vulnerable populations in WNC

1. Continue moving toward health parity by marketing, growing, and improving WIN services throughout the region.

- **Expand presence in rural counties via grants.**
 - WIN received the Community Foundation of WNC People in Need grant to fund interpreter services in McDowell, Madison, Yancey and Mitchell counties. We have interpreters in all four counties, so we have the capacity to cover the appointments. We’ve used funds to provide services in McDowell, Yancey and Mitchell counties so far this year. We had a meeting with providers in Madison County and anticipate appointments there, as well.
- **Strengthen ASL interpreter services by incorporating suggestions from the Deaf community, as resources allow.**
 - WIN continues to seek feedback and communication with the Deaf community. In March, a member of the Deaf community shared with WCMS an article written by a Deaf person regarding struggles with accessing care when providers don’t understand the unique needs of the Deaf and hearing impaired. WIN posted it to the WCMS newsroom and the article was included in [Vital Signs](#).

- **Explore new opportunities for interpreter/translation business outside of traditional health care services that address social determinants of health (e.g. job training, education, nutrition, housing, legal aid).**
 - WIN continues to have lots of appointments with Buncombe County Department of Education. We regularly interpret for HR departments of three large area employers.
- **Plan and implement a certification process for language interpreters to improve qualification requirements and quality of service.**
 - WIN is writing a new contract for foreign language interpreters encouraging national certification. National certification for foreign language medical interpreters isn't required at this time at the federal level, state level or by the Joint Commission. However, that could change at any time as there is great interest in the health care industry (i.e., JCAHO, large health systems) to improve the quality of language interpretation. Nationwide, large hospital systems are beginning to require certifications, even though they aren't required to do so. WIN needs to be ready for any of these changes. Additionally, interpreters who seek national certification show that they are serious and committed to their field. WIN wants to contract with the highest quality interpreters in the region in order to offer outstanding service to our physicians and their patients.
 - Currently there are two exams for national certification for medical interpreters and both are very high quality. They both have strict education requirements to qualify for the exam and strict continuing education requirements to maintain national certification. Encouraging national certification will help providers deliver the best care possible to all patients. WIN has a plan in place for which interpreters will be required to seek certification, how long they will have to prepare and take the exam and what the pay will be after passing national certification.
 - As of June 30, WIN has two fully certified foreign language interpreters.

2. Advance WCMS Foundation's Dr. Charles Blair Health Parity Fund, which provides scholarships for minority youth pursuing health careers.

- To better promote the [Dr. Charles Blair Health Parity Fund](#), we have made sure to include this fund as an option on all of our donation requests. A specific fundraising pitch was made at the [2017 HOPE Banquet](#), and proceeds from the banquet will go toward the Blair Fund.

Strategy 8: Promote prevention, health and wellness across medically vulnerable populations in WNC

1. Advance WCMS Foundation's Endowment Fund--each year, earnings from the Endowment provide essential financial support to local health-related charitable programs serving communities across WNC

- To better promote the WCMSF Endowment, we have made sure to include the Endowment on all of our fundraising appeals so that potential donors know about the fund and can contribute towards it.

2. Develop/collaborate in a community-based prevention and/or wellness program (recommend adding only if resources allow, focus TBD).

- Project Access® is collaborating with Digestive Partners (Asheville Gastro), the American Cancer Society, WNCCHS, ABCCM, and AMCHC (Dale Fell) in launching the WNC Colorectal Cancer Screening Initiative (WNC CRC SI) with a goal of screening 80% of eligible adults (and then offering treatment for those diagnosed with CRC).
- We are still exploring partnering with additional “upstream” prevention programs, such as offering Preconception Health services for women of childbearing age who are in Project Access®.

Strategy 9: Promote WCMS' Foundation 501(c)(3) status to engage physicians/providers in obtaining grants for health care/community health improvement/wellness initiatives

- No specific activity this quarter.

Strategy 10: Promote health, wellness, and work-life balance for WCMS employees through our Wellness Program, policies, benefits (as resources allow), and a supportive workplace culture.

- WCMS has continued its generous HR policies in 2017 to promote employee well-being. We cover 100% of health and dental insurance premiums for all full-time employees, and this year, we were able to add vision insurance and an Employee Assistance Program. In addition to recognizing the 13 federal holidays, we offer 4.5 weeks minimum PTO to employees when they start work, and they accrue more PTO based on years of employment. Although WCMS doesn't fall under FMLA regulations due to its small size, we allow 6 week's maternity leave, as well as time off to caretake for ailing family members.
- We have continued with several of the long-standing wellness initiatives this quarter, including the wellness log, walk tracking, and Thunder Thursdays.
- Most of the WCMS staff has been participating in a voluntary 12 week team weight loss challenge. The challenge encourages staff members to make healthier eating choices and dedicate time to exercising. Each Thursday, everyone weighs in and the Wellness Coordinator records their weight and measurements. We've provided prizes along the way at each 3 week milestone. The challenge officially ended on 6/22 and grand prizes will be given out soon. As a whole, the staff lost about 60 pounds!
- In May, we invited nutritionist Nathan Ringer to come give a presentation on healthy eating choices. He covered topics such as sugar vs. fat, finding the right foods for your body, and more. The staff enjoyed his presentation and we plan to invite him back to lecture on another topic next year.